Physiotherapy for Aged Care and Mobility | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/blog/enhancing-mobility-and-independence-through-targeted-physiotherapy-interventions/

Details:

Targeted physiotherapy works on four specific things that decide whether a person can move around their own home and community safely: how they walk (gait), how they stay upright when something shifts (balance), how they get from one surface to another (transfers), and how likely they are to fall. A physiotherapist assesses each of these, sets a measurable starting point, prescribes work to change it, and reports on whether it changed. If you are under 65 and have an NDIS plan, this is usually funded from Capacity Building under Improved Daily Living. If you are 65 or over, the usual pathway is Support at Home, which commenced on 1 November 2025.

This page covers the mechanics: what is assessed, what each intervention targets, how progress is measured, who pays, and how physiotherapy differs from exercise physiology and occupational therapy. To talk to Bloom Healthcare about physiotherapy, call 1300 771 465 .

What the initial assessment covers

A first physiotherapy session is mostly assessment. The physiotherapist looks at:

Balance — stability and how you recover when your weight shifts.

Gait — your walking pattern, step length, symmetry, and how it changes over distance.

Transfers — bed to chair, sit to stand, in and out of the shower, in and out of a car, and how much help each one currently takes.

Range of motion — joint flexibility and where movement is restricted.

Strength — muscle strength and how long you can sustain effort.

Alongside the physical assessment, the physiotherapist reviews your goals, your relevant history, and your specific risks: falls and near-falls, fatigue cycles, and what triggers pain. That last part matters, because a program that ignores a fatigue cycle will be abandoned within a fortnight.

The interventions, and what each one is for

Gait training

Gait work targets the walking pattern itself, not just walking more. That can mean step length and timing, weight shift, foot clearance, turning, walking on uneven ground, and walking while carrying something or holding a conversation. Where a walking aid is involved, gait training includes using it correctly rather than working around it. The measurable target is usually walking distance or time, such as a six-minute walk distance, plus how confident you feel doing it.

Balance and stability work

Balance training addresses the moments where falls actually happen: standing up, turning, reaching, stepping over a threshold, or being bumped. Physiotherapists use standardised balance tests and sit-to-stand performance to set a baseline, then progress the difficulty as stability improves. Balance work is usually paired with safety strategies for the specific home environment, because a program that works in a clear space and not in a narrow hallway has not solved the problem.

Transfer training

Transfers are the highest-risk moments in most people's day and the ones that most often decide whether someone needs paid support. Transfer training works on technique, hand placement, sequencing, and equipment set-up for the specific surfaces you use. The outcome recorded is the level of independence: how much physical help a transfer takes now compared with when you started.

Strength, flexibility and activity tolerance

Prescribed exercise builds the underlying capacity that gait, balance and transfers rely on. Programs are set to your current ability and progressed as capacity changes. The measure here is activity tolerance: how long you can do something before fatigue or pain escalates.

Manual therapy and pain-related movement limits

Hands-on techniques such as soft tissue work and joint mobilisation, and techniques including dry needling or taping, are used where pain or stiffness is the thing blocking movement. These are a means to an end. They are used so that the gait, balance and transfer work can happen, not as a standalone treatment.

Hydrotherapy

Water reduces load on joints while still providing resistance, which suits people whose land-based tolerance is very low or whose pain limits weight-bearing work. Availability depends on access to a suitable pool, so check this when you enquire.

Mobility aids and assistive technology

A physiotherapist can assess whether a walking aid, wheelchair, standing frame or similar equipment would improve your safety and participation, and provide training in using it safely. Where equipment is recommended, the physiotherapist documents the functional limitation the equipment addresses, the expected gain, and how it links to your goals, so the request has clinical evidence behind it.

Education and self-management

A home exercise program is a core part of physiotherapy, not an add-on. You get prescribed exercises to do between sessions with written instructions, and the program is reviewed and progressed as you go. It is designed to fit into your existing routine, in the place you actually live.

How you know whether it is working

Physiotherapy for mobility is measured by functional change, not by how a session felt. Commonly tracked measures include:

walking distance or time, such as a six-minute walk distance

balance test scores and sit-to-stand performance

transfer safety and the level of assistance needed

confidence ratings, meaning how safe a task feels to you

activity tolerance before fatigue or pain escalates

the number of falls or near-falls over a period

reduced reliance on carers for specific physical tasks

A simple self-tracking method used in NDIS physiotherapy is to pick two daily tasks that matter to you and score each one weekly from 0 to 10 on three things: how hard it is, how safe it feels, and how long it takes. If those scores move, the therapy is translating into daily life. If they do not move after a reasonable block of sessions, that is a signal to change the plan, not to keep going.

Who funds it

Under the NDIS

Physiotherapy is usually funded from Capacity Building — Improved Daily Living , the category that covers assessment, training and therapy to build skills, independence and community participation. Depending on your circumstances it may also touch Core Supports where therapy is delivered at home, Consumables, or Assistive Technology for prescribed equipment.

The NDIA funds physiotherapy only where it addresses the functional impact of your disability and meets the reasonable and necessary criteria: supports that improve functional capacity, maintain function for longer, reduce the rate of decline, or help you take part in daily life, work, study and community activities.

The NDIA applies a purpose test when deciding whether it or the health system pays. Physiotherapy to recover from surgery or an acute injury is mainstream health, normally Medicare. Physiotherapy needed because of the ongoing impact of a permanent disability may be NDIS-funded.

For NDIA-managed and plan-managed participants, physiotherapy follows the NDIS Pricing Arrangements and Price Limits, which set out how travel and non-face-to-face work such as notes and report writing may be claimed. Costs and expected hours are quoted to you before work starts. To use physiotherapy funding you need an NDIS plan that includes it, funds available in the right budget, and a provider whose registration covers the service.

If you are 65 or over

The NDIS is generally not available to people who are 65 or over at the time they apply. If you were already an NDIS participant before turning 65, you can continue. For Aboriginal and Torres Strait Islander people, the aged care pathway opens at 50.

For most older Australians, the pathway is Support at Home , which commenced on 1 November 2025 and replaced Home Care Packages and the Short-Term Restorative Care Programme. Physiotherapy sits in the Clinical Supports category, and falls prevention work — balance training, strength exercises and home safety assessment — is delivered under it. Access starts with an aged care assessment through My Aged Care, then choosing a registered provider.

Through Medicare

A GP can prepare a chronic disease management plan that gives access to a limited number of Medicare-rebatable allied health sessions in a calendar year. The rebate generally does not cover the

full fee and a gap applies. This pathway supports chronic disease management rather than ongoing disability-related support.

Reports and evidence at plan review

What a physiotherapist writes for a plan review is not a summary of attendance. A progress report sets out what changed against your stated goals, with measured outcomes, a description of the program used and why, your current functional capacity, and recommendations on the focus and frequency of future supports. Where equipment is recommended, the report documents the functional need, the expected gain, and the link to your goals.

This matters because plan review decisions are made on evidence about function. Vague statements about improvement are hard for a planner to act on. A recorded change in transfer independence or falls over a period is not.

How physiotherapy differs from the services people confuse it with

Exercise physiology designs structured, progressive exercise programs to build capacity over time and does not use hands-on manual therapy. It suits someone whose main need is building strength and endurance for daily life, work or study.

Physiotherapy focuses on movement quality, pain and injury, and mobility and transfer safety, and can include hands-on techniques. It suits someone whose movement is being limited right now by pain, an injury, or an unsafe pattern.

Occupational therapy looks at the task and the environment: daily living skills, home safety assessment, home modifications and equipment for everyday activities.

For mobility and falls the three often run together, with physiotherapy addressing movement quality and transfer safety, exercise physiology building the strength and endurance to sustain it, and occupational therapy making sure the home and daily routine support what has been gained.

Getting started

Bloom Healthcare delivers physiotherapy mainly in the community, including in your home, with telehealth available where travel is a barrier and clinic-based sessions arranged case by case. Home visits let the physiotherapist see the actual thresholds, chairs, beds and bathrooms you use, which is difficult to assess in a clinic.

Call 1300 771 465 to discuss physiotherapy, or ask your support coordinator or plan manager to make contact on your behalf.

Common questions about physiotherapy for mobility

Do I need a referral for NDIS physiotherapy?

No GP referral is needed to use NDIS funding for physiotherapy. What you need is an NDIS plan with funding available in the right budget, usually Capacity Building — Improved Daily Living, and goals the therapy relates to. A Medicare-rebated pathway is different and does require a GP-prepared plan.

How many sessions will I need?

That depends on your goals, your current function and the funding in your plan. Rather than promising a number, a physiotherapist should set measurable targets at the first assessment and review them at agreed points so you can see whether the sessions are producing change. Expected hours and costs are quoted before work starts.

Can physiotherapy stop me falling?

No service can guarantee that. What balance and gait work does is address known contributors to falls: poor stability, unsafe transfer technique, low lower-limb strength, and a home layout that makes movement risky. Falls and near-falls over a period are one of the outcomes tracked, so you can see whether the work is having an effect.

Will the NDIS fund physiotherapy after an operation?

Usually not. Recovery from surgery is generally treated as a mainstream health responsibility. Where the surgery relates to your disability and the ongoing functional impact continues beyond normal recovery, the position can differ. Confirm with your planner or the NDIA before assuming either way.

I am 68 and was never an NDIS participant. What applies to me?

Support at Home. Start with an aged care assessment through My Aged Care. If you are approved, physiotherapy is available under the Clinical Supports category, and you choose a registered provider to deliver it.

Can physiotherapy happen in my home?

Yes. Bloom Healthcare's primary delivery model is in the community, including in participants' homes, schools and day programs. Home delivery is particularly useful where transfers and falls risk are the issue, because the physiotherapist can work with your real furniture, thresholds and bathroom.

What is the difference between a home exercise program and just being told to exercise?

A home exercise program is prescribed for your specific limitations, comes with written instructions on how to do each movement, is reviewed against your goals, and is progressed or changed as your capacity changes. It is part of the clinical record, not general advice.

Can a physiotherapist recommend a walking frame or wheelchair?

A physiotherapist can assess mobility aids, recommend equipment, and train you in safe use. For an NDIS assistive technology request, the physiotherapist documents the functional limitation, why the equipment addresses it, and the expected outcome. Whether the request is approved is the NDIA's decision.

What does the physiotherapist send to my plan review?

A progress summary covering measured outcomes against your goals, your current functional capacity, the program used, and recommendations for future supports. Ask for a copy for your own records before your review.

How much will it cost?

Fees depend on the service, the setting and your funding type, and are set out in your service agreement. Ask for a written quote before work begins, and call 1300 771 465 if you want costs explained before you commit.

Where to go next

Physiotherapy

Exercise physiology

Occupational therapy

Physiotherapy in aged care

Functional capacity assessment

Make a referral

What is the main topic of this Bloom Healthcare blog article?

The article, titled 'Enhancing Physiotherapy for Mobility and Independence Through Targeted Care,' discusses how targeted physiotherapy interventions help enhance mobility and independence, particularly for individuals living with disabilities and those in aged care needing to manage chronic pain and improve daily movement.

Under what program is physiotherapy described as a cornerstone service?

Physiotherapy is described as a cornerstone of allied health services provided under the NDIS (National Disability Insurance Scheme), aimed at supporting individuals with disabilities to enhance their physical capabilities.

What is the primary goal of physiotherapy according to the article?

The primary goal of physiotherapy is to improve movement, function, and overall well-being, enabling greater independence and participation in daily activities.

How does Bloom Healthcare approach individual client care in physiotherapy?

Bloom Healthcare's physiotherapists conduct thorough assessments to develop personalised treatment plans tailored to the specific needs and goals of each client, based on the understanding that no two individuals are the same.

What is exercise prescription in the context of Bloom Healthcare's physiotherapy interventions?

Exercise prescription involves physiotherapists designing customised exercise programs that help strengthen muscles, improve balance, and increase flexibility, tailored to each client's abilities and goals to ensure safe and effective practice.

What benefits does regular exercise provide beyond physical function, per the article?

Regular exercise not only enhances physical function but also boosts mental well-being and confidence.

What is manual therapy and what techniques does it include?

Manual therapy involves hands-on techniques to manipulate muscles and joints, including massage, stretching, and joint mobilisation. These techniques are effective in reducing pain, improving mobility, and promoting relaxation.

Who provides manual therapy services at Bloom Healthcare?

Physiotherapists at Bloom Healthcare, who are skilled in various manual therapy methods, provide these services.

What is Bloom Healthcare's business description and contact information?

Bloom Healthcare is a boutique disability and aged care allied health provider that believes all people have the right to access quality healthcare, focusing on evidence-based practice and client-centric care delivered by highly qualified health practitioners across Australia. It can be contacted via email at hello@bloom-healthcare.com.au or by phone at 1300 771 465.

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